

THE  
LOUISVILLE MEDICAL NEWS:

A WEEKLY JOURNAL OF MEDICINE AND SURGERY.

H. A. COTTELL, M.D., Editor.

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THE  
LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, SEPTEMBER 13, 1884.

**Original.**

**TWO CASES OF SURGERY.**

BY AP MORGAN VANCE, M. D.

*CASE I. Extreme deformity of hand in child of four years, caused by a burn; the result after operation, skin-grafting, and continued mechanical treatment.*

June 15, 1883, Mr. A. M. Stivers, of Fern Creek, Jefferson County, Kentucky, brought his son, aged four years, to me for advice concerning the child's hands, giving this history of the case: Two years before, while at play, the child had fallen into the residue



of a brush fire, burning both hands very badly, the right much the worse. A physician was called, and dressings were applied, but unfortunately the hands were not put upon splints, being only bandaged round

and round, thus increasing the tendency to deformity. In a few months the right hand assumed the position illustrated by the accompanying figure.

The father was anxious to know if any thing could be done to relieve the deformity and restore the usefulness of the member. After careful examination, I told him that I would like much to try what could be accomplished, but could promise nothing.

The prognosis was not very encouraging, but he put the case in my hands, and June 22d the first step in the way of treatment was taken, Dr. John Hays administering the anesthetic. This was to completely dissect away all scar-tissue, and break back the thumb and fingers to their natural position. After this, a leaflet of skin was dissected up from the back of hand, reflected between thumb and fore-finger on the adductor region of thumb, and stitched into position. Till the eighth day this seemed to be doing well, and I hoped that a large area of the denuded surface would be immediately covered by good skin, but signs of slough appeared at the edges, continuing throughout.

The only good obtained by this procedure was the shortening of the skin on the back of hand, which had been made too abundant by the malposition of thumb, and thus aiding in holding the thumb in the new position. The hand was, from the first, firmly fixed to a hard rubber splint. By the tenth day the granulations over the large surface were on a level with the border, when a number of skin-grafts were planted, taken from my own, the father's, and the arm of Dr. Cartledge, who had assisted me in the case.

In getting these minute pieces of skin, a small pair of eye-forceps and ordinary curve scissors were used. A hair being grasped, traction was made, elevating the skin into a pyramid, with the hair at apex, which was clipped with the scissors, and, with the hair for a handle, was planted on the ulcer; the

hair acting as a guide to show that the fresh surface was down.

Each alternate day for a week these grafts were planted, till fifty-eight were growing, and spreading with wonderful rapidity, the islands coalescing with each other and the shore line, till in two weeks from the outset the whole surface was covered by new skin.

After several months a tendency to contraction and formation of bands or cords from the thumb across the palm to the little finger appeared. The main one of these was divided by a V shaped incision, the wound being allowed to granulate, thus giving increased length. The mechanical treatment has been faithfully kept up till now. For five months the splint has been removed for half of each day, the child using the hand with remarkable dexterity and strength.

The following cut represents the hand now, as it lies at rest. By voluntary effort the position can be much improved.



All surgeons know the great difficulty of successfully treating the deformities resulting from burns. I have learned from experience with a number of cases that the most important element in the treatment is the patience and perfect fidelity with which the mechanical treatment is carried out, the grafting of new skin aiding very materially in the result.

*CASE II. A large central osteosarcoma of lower jaw in a young man of twenty-three. Removal by complete excision of one half of that bone. Recovery, with good use of other half; greatly improved health; no recurrence after eight months.*

Sebastian Erringer, aged twenty-three, came to me in September, 1883, with this history: About three years before he had a tooth extracted, after suffering much with it. Soon after, he noticed a small lump on the jaw bone about the former site of the tooth, which gradually increased till it attained the size of a duck's egg.

In addition to the central tumor, a mass of infiltrated mucous structure entirely filled the buccal cavity, the whole making his life very miserable, and rendering him an object of horror to all who met him. He had suffered comparatively little pain, but was very desperate, having failed to get any one of the many surgeons he had consulted to attempt the removal of the cancer.

I agreed to do the operation, and on September 27, 1883, it was done, in the presence of Drs. Holland, Bailey, Leber, Cecil, Heucker, and several others, Dr. Cartledge assisting. Dr. Ryan administered the ether, the first and greatest danger being met in this procedure, the growth occupying the mouth made it extremely hazardous to administer any anesthetic.

So soon as he was sufficiently under the influence of the ether, a stout ligature was passed through the tongue, which was drawn out at angle of mouth on the sound side, the patient being placed on that side. This was to prevent the tongue from dropping back, causing suffocation, and that it might act as a gutter for the escape of blood as the operation progressed. Incision was made by one sweep of the knife from the articulation along lower border of jaw to the opposite angle of mouth, through the skin, and rapidly continued down to bone, all blood-vessels being instantly closed by clamp-forceps. The bone was disengaged by close dissection from the symphyses to neck, when it was divided by a Hey's saw just on the good side of symphysis, then it was forcibly adducted prior to disarticulation. In doing this a complete fracture was made, and all but the neck and head of bone came away. The anesthetic was no longer pushed, lest trouble might arise from blood entering larynx if too great anesthesia was kept up. This was prevented by occasional coughing of patient, and by introduction of operator's hand to remove accumulating

clots. The fragment remaining was grasped in lion-jawed forceps and dissected out.

The clamp forceps were then removed, but one ligature being needed. This was applied to facial artery. The wound was closed by figure eight sutures, with superficial stitches between them. There was considerable shock, but reaction occurred very soon after the patient was put to bed. No antiseptic precautions were used, other than taking sponges and instruments from a ten-per-cent solution of listerine, the wound being dressed in blood. It healed completely by first intention, and afterward the secretion of synovia in joint cavity was so great that a small opening was produced at the upper angle of the wound, which healed in the course of two weeks.



The eighth day he was able to appear before the Medico-Chirurgical Society of Louisville, to whom the case was orally reported. At the end of eight months, when he was photographed, he was in splendid condition, doing work as a quarryman. He has been able to chew his food since a few weeks after operation. The recurrence of these growths is the important question to be dis-

cussed. The question of their removal is to my mind always a plain one.

This man was worse than dead. If we had risked his life one out of two chances, the operation would have been justifiable. From all appearances, I believe that there will be no recurrence in his case.

LOUISVILLE, KY.

## Miscellany.

**DEAF-MUTISM AND RELIGIOUS CONCEPTIONS.**—Mr. Herbert Spencer has recently directed attention to a point in connection with deaf-mutism which is of considerable importance. The inquiries of Tylor, Lubbock, and others, into the beliefs of savage races, have not thrown so much light as could be wished on the degree to which religious ideas are entertained by races in various stages of savagery, or on the origin of those ideas which appear to be most widely extended. Yet it seems clear, that, among the very lowest savages, the idea of some thing other than body—call it soul, spirit, ghost, or what we will—has no existence. The phenomena of external nature, the occurrence of dreams, the remembrance of the dead, slowly arouse in savage races the conception of the immaterial, the sense of mystery, the hope of a hereafter, the idea of being outside the sphere of cognition, and finally, after long processes of change and purification, faith in a Supreme Being. Without touching on the question of direct revelation, so much is certain and admitted by all, seeing that the facts lie before us. But many have naturally been led to ask what would happen, if any members of civilization and advanced races could be allowed to grow to a knowledge of what modern science teaches about physical and physiological matters, but without any instruction in the religion of those around them. Would any intuitive perception of the immaterial appear? Would any religious conceptions, any ideas as to a future state, a Creator of all things, a Supreme Being unknowable, but necessarily infinite in power and wisdom, manifest themselves? Mr. Spencer seems to think that we find an answer to this question in the case of intelligent deaf-mutes who have remained through childhood and youth without any instruction, because not as yet brought into communication with those around them by any substitute for spoken language which could

properly introduce abstract ideas to their cognition. Whether this is so or not, the matter is clearly one of great interest, and, now that so much is being done to give language to the deaf-mute, it might be interesting to ascertain what their ideas had been respecting the great mysteries of nature, or rather respecting the Mystery of mysteries. So far as is yet known, it appears that the deaf-mute not only has no idea of a future state, but he has not even any idea of death—a circumstance which should prevent any from hastily assuming that the absence of religious ideas in the case of the deaf-mute is evidence against their truth; for death, at any rate, is certain, however unsuspected by the untaught deaf mute. The Rev. Samuel Smith, who has been for twenty-eight years in almost daily contact with deaf-mutes, says, that in not a single instance has an uneducated deaf-mute been found to have "any conception of the existence of a Supreme Being as the Creator and Ruler of the Universe."—*Popular Science News*.

**PUTREFACTION DOES NOT KILL THE TUBERCLE BACILLUS.**—G. Hunter Mackenzie M. D., contributes to the *Lancet* the following very important observation: In a leading article on the above subject, in your issue of the 12th inst., you remark that "Falk has observed that putrefaction destroys the virulence of the tubercular virus," and that the same observer "has endeavored to obtain by experimental means a benign tuberculosis by inoculating virus attenuated by putrefaction, with the view of discovering the means of vaccinating against tubercle.

I have observed that the bacilli of tubercle are not destroyed, or even appreciably altered, by their continued presence in sputum which has undergone putrefaction. Thus, on the 14th inst., they were readily detected in laryngeal phthisical sputum, which had been kept from August 10th last, now nearly a year ago. This sputum, originally muco-purulent in character, is now of a dirty milky consistence, with a strongly putrefactive odor, and scarcely any of its original constituents can be recognized by the microscope. The bacilli seem unaltered in their physical or chemical characters, with the possible exception of staining rather faintly with rosanilin—a feature, however, which is not unusual under certain circumstances with bacilli from recent sputum. They seem as capable as ever of communicating tubercular disease.

**THE VAGARIES OF A NEEDLE.**—Under the above head Dr. John Burke, of this city, writes: "Miss A., seventeen years of age, came to my office last October suffering from an abscess behind her right ear, over mastoid process. She had this trouble for four years, and for ten years she had a discharge from her ear, sometimes fetid and sometimes not. She was also partially deaf in that ear. Her mother had tried many ear surgeons, but the discharge from the ear and the deafness continued. Now, the abscess had two openings, one above and the other directly below, about one inch apart. Under ether, I laid open the parts to the bone. There was no necrosis. Next day a poultice of flax-seed meal was applied. In three days a common sewing-needle came out of the wound, not much rusted. History: Ten years ago the child, being seven years of age, was playing with a needle in her mouth; it was swallowed. It caused some strangulation. It could not be found by the doctors who examined the throat. About four months afterward the child was taken with pain in the ear and otorrhea, which, notwithstanding good surgical treatment, continued for ten years. For four years she suffered with an abscess over mastoid process, sometimes healing, and then suddenly breaking out. On March 1st the needle came out. Since then the abscess has healed, the discharge from the ear has ceased, and the patient can hear very fairly in the ear, but not as well as in the other side. All pain and tenderness have gone."—*Medical Record*.

**STRETCHING THE SPINAL CORD.**—From a foreign exchange we learn that Professor Hegar has recently read a paper at Freiberg in which he advocates stretching the spinal cord. Our readers will be glad to hear that the operation does not consist in opening the spinal canal and directly stretching the spinal medulla. But Dr. Hegar has found that when the spine is very much bent the cord is actually lengthened. His mode of procedure is to place the patient on his back, and then, with the knees kept carefully straight, the lower limbs are bent up toward the chin as far as possible. In this way the great sciatic nerves are put on the stretch, and this, as well as the over-bending of the spine, stretches the lower end of the cord. The cases for which Dr. Hegar recommends this treatment are those of women who suffer from pelvic pain, and of nervous phenomena referable to the branches

springing from the lumbar enlargement of the cord. Already the treatment has been employed in a few instances, and, it is stated, with success.—*Medical Press.*

THE UNITED STATES MEDICAL COLLEGE, which has been doing a flourishing business in New York in the way of grinding out medical graduates, has had a quietus put upon it by the Court of Appeals in that State, a decision having been recently made declaring that the institution was never properly incorporated, and had no right to issue diplomas. The decision is the result of a vigorous warfare waged on the college by the New York County Medical Society. What the result will be on the action of the college remains to be seen, but it is not unlikely that it will try to secure through the legislature what has been denied it in the courts. An institution which turns out incompetent men to fill the ranks of the profession does not deserve any favors from the law-makers, and we trust it will not receive any.—*Exchange.*

CIVILIZATION AND THE TEETH.—If the fully-evolved man of the future is to be, as has been prophesied, a hairless individual, he is only too likely to be—excepting his indebtedness to the manufacturing dentist—a toothless mortal also; for which result a persistent preference for ornament over use must be mainly held responsible. If Helen of Troy possessed teeth as good as those of her Britannic contemporaries, she had probably as square a jaw, and a mouth of equally capable dimensions. One item in the civilized ideal of female beauty, the rose-bud mouth to wit, is undoubtedly accountable for a great deal of the crowding and consequent injury of the teeth especially observable in patients of the upper and middle classes, while the frequent decay of the back teeth even before the marriageable age is reached, and the persistence of the visible front teeth till shortly after that age would seem to show that natural selection has some of the infirmities not usually associated with abstractions, and that "out of sight" is even for it "out of mind." Certain of the luxuries of modern life, and the operation of some of its so-called duties, aid in completing that destructive effect against which, curiously enough, another outcome of the civilizing process—*inherited gout*—alone seems able to oppose its recognized attributes of large, regular, strong, and well-enamored teeth. In the case of

the negroes of the Southern States of America, a remarkable dental degeneration seems to have attended the changes in food and habits which followed the abolition of slavery. Formerly the slaves lived chiefly on corn-meal and meat; at breakfast, coffee, and with dinner, vegetables were taken in addition. Occasionally wheat-flour took the place of corn (maize), but it was ground on the plantation and not bolted. This food served at regular hours, and combined with plenty of fresh air, exercise, and sleep, made the teeth strong and hard. Now the negroes eat fine wheat-flour bread, spend a large part of their wages in sweetmeats, eat at irregular times, and sleep too little.

The other side of the story is presented in a paper recently published by Dr. Kirk, who has under his care, in the Pennsylvania Institute for Deaf and Dumb, the teeth of some four hundred children. By the time that the children have been a year in this institution an entire change is noticed in the character of their teeth; they have become so hard that the instruments must be re-tempered in order to cut the dentine in preparing the cavities for filling; they become more firmly implanted in their sockets, and extraction is thus rendered difficult; several cases of the spontaneous arrest of caries, and of new formation of dentine have been observed. These favorable changes are attributed to the dietary, which consists largely of various preparations rich in bone-forming materials, such as maize, oats, and wheat, from which the layer just beneath the siliceous coating has not been removed in milling, together with a liberal supply of milk and a limited amount of sugar.

Another important but only lately recognized cause of dental decay, is the undue exaction of nervous energy—probably often combined with insufficient or improper alimentation. Recent observations have shown that carious teeth are common in modern schools in proportion to the educational standard adopted; and that the children in the higher forms have—out of all proportion to their more advanced age—worse teeth than those below them; while caries has not infrequently been noticed to commence suddenly, or to extend rapidly, during the period of examination strain. The greater work imposed upon the cerebral and other nervous centers is supposed to divert a portion of the phosphates and other mineral constituents which ought, by rights, to be devoted to the nourishment and growth of the dental structures; and it

is not improbable that the secretion of the buccal glands and mucous membrane is modified under the influence of mental exertion, to the deterioration of the teeth.—*Medical Times.*

**THE USE AND ABUSE OF THE FORCEPS.**—Professor Goodell made the following observations in a recent clinical lecture: “Tears of the perineum will occur whether the physician uses the forceps or not, but in the majority of cases they come from the use of the forceps, or rather from the abuse of the forceps. Let me give a piece of advice to you as young men. When the proper time comes, put on the forceps and boldly bring down the head, but when it begins to bulge the perineum, take off the forceps. I do not think that any of you are competent to deliver the head over the perineum with forceps. The temptation is to turn the head out too quickly. If you take off the forceps you will rarely have a bad tear, and if it does occur you will not get the blame for it. It is a very rare thing for me to end a labor with the forceps on. When the perineum begins to bulge, I support the handles to see whether the pains are strong enough to end the labor. If so, I remove the forceps. There is such an abuse of this instrument that I sometimes think that Baudelocque was right when he said that the forceps had done more harm than good. It requires great skill and judgment to end a labor with the forceps. A physician from inexperience, or being demoralized by a long and tedious labor, is liable to use undue violence and deliver the head too quickly, or to make traction in the wrong direction. I have myself torn the perineum, and seen many good physicians do the same. From this experience I should recommend that, unless there be an excellent reason for contrary action, the forceps be taken off when the head reaches the perineum. Occasionally one blade will catch over an ear and you can not get it off; but in the majority of cases it can be removed, and that is the proper thing to do.”—*Philadelphia Medical Reporter.*

**MICROCOCCI UNDER THE FLOOR.**—It is stated in the London Medical Press and Circular, that Dr. Rudolf Emmerich, assistant in the Hygienic Institution, Munich, some time ago discovered the encapsulated micrococci (Friedländer's), which are said to be characteristic of pneumonia, under

the flooring of a prison at Amberg. He subjected them to pure cultivation experiments, which gave the result that they really were Friedländer's cocci. He considers that the cause of an epidemic of pneumonia that ravaged the prison in 1880, and from which forty six out of one hundred and sixty one inmates succumbed, is now made plain. He examined the corresponding parts of houses that were free from disease, and in these failed to find any similar fungus.

Such a discovery as this is somewhat startling, and, assuming the correctness of Dr. Emmerich's conclusions, may well tend to excite misgivings as to the possibility of ever thoroughly disinfecting a room or a house in which a person sick with contagious disease has been. But as regards Friedländer's diplococci, it is as yet by no means proved that they are characteristic of pneumonia. In a communication made to the recent German Surgical Congress, Dr. Schüller stated that he had found these identical organisms in a case of metastatic arthritis occurring in scarlet fever. Strange coincidences are constantly occurring, and will continue to occur to the end of time; and the association of the micrococci of Friedländer with pneumonia may possibly be found to be but another illustration of this fact.—*New York Medical Record.*

**PROF. COHNHEIM,** the eminent pathologist, died in Leipzig on the 14th of August, in the forty-sixth year of his age. His death was caused by gout, complicated with kidney disease.

He was a pupil of Virchow, whom he assisted in the Pathological Institute of Berlin from 1864 to 1868. He was then appointed to the chair of pathology at Kiel, later to a similar position at Breslau, and lastly succeeded Wagner as Professor of General Pathology and Pathological Anatomy in the University of Leipzig. This position he held from 1876 till the day of his death.

His researches on the changes produced by embolism, and his demonstration of the passage of leucocytes through the walls of the vessels in inflammation have given him a great name in the annals of medicine.

He was the most eminent of the pupils of his great master, standing in the front rank among the original investigators of this age, and his untimely death can not but be regarded as serious loss to science and to humanity.

**ENCYCLOPEDIA OF MEDICAL WIT, HUMOR AND CURIOSITIES OF MEDICINE.**—Dr. Julius Wise proposes to publish during the coming year a large volume under the above or a similar title.

In this undertaking he respectfully solicits the kindly aid of the profession. Witticisms and anecdotes of a humorous or curious nature are solicited. There are numberless unpublished experiences that would prove a source of amusement and instruction, and all physicians, druggists, dentists, and others supplying original contributions will receive due credit in the work.

Information regarding suitable literature (home and foreign, ancient and modern) will be gladly received and highly appreciated. The author is especially anxious to avail himself of every source, and would highly appreciate all information concerning publications likely to be useful for reference.

All letters, contributions, clippings, books and other matter should be addressed to JULIUS WISE, M. D., 806 Olive Street, St. Louis, Mo.

**MELLIN'S FOOD.**—Dr. Eustace Smith, of London, physician to the Children's Hospital, and author of "Wasting Diseases of Infants and Children," says: "Mellin's food is by far the best of any with which I am acquainted. It seems to agree equally well with children whether they are healthy or diseased."

Prof. Dr. R. Fresenius, of Wiesbaden, Germany, has made an analysis of Mellin's Food for Infants and Invalids, of which the following is a summar:

Total carbohydrates, . . . . .	72.56
albuminoids, . . . . .	9.75
salts, . . . . .	4.37
moisture, . . . . .	13.32
<hr/>	
	100.00

Starch and cane sugar, none; reaction, alkaline.

A copy of the detailed analysis and remarks of this first chemist in the world may be had by application to Messrs. Doliber, Goodale & Co., 41 and 42 Central Wharf, Boston, Mass.

**DOSING AN ELEPHANT.**—One of Barnum's elephants, "Allah," was attacked with enteritis while in Cincinnati. Dr. George W. Bowler, V. S., was called in, and, the diagnosis being made, he prescribed and administered the following liberal dose: Lard, eight pounds; linseed-oil, one

gallon; tincture of opium, one pint; spirits of nitrous ether, one pint; syrup, one quart. The lard and oil were first mixed, then the other ingredients added. The trunk was raised above the head, and the mixture poured down the throat through a large metal tube. The animal recovered.—*Popular Science News.*

**THE mistaken diagnosis in the case of the late Dr. C. A. Taft, of Hartford, Conn., shows how prone even the most eminent are to error.** These specialists, who claimed that the doctor had but one lung, were very much astonished to find, post-mortem that he not only had *two*, but both were in the most perfect condition! The cause of death was inanition, due to induration consequent upon chronic gastro-intestinal catarrh, brought about, it is surmised, by the excessive use of alcoholic stimulants, prescribed under a mistaken diagnosis, and with a view to building up the lung tissue, of which he already had his normal amount.—*New York Medical Times.*

**A CHALLENGE TO THE CHOLERA MICROBE.**—A Polish middle-aged man is said to have offered himself as a subject for the demonstration of the cholera microbe in order to ascertain whether the microbe of pure culture is capable of developing the disease. Of course, no one would be justified in such a course even with the consent of the individual, notwithstanding the advantage which might accrue from a possible settlement of the question in the affirmative. Yet we can not but appreciate the devotion of the individual, supposing that such an offer is genuine. We do not expect that he could have sprung from the ranks of the antivivisectionists. On the contrary, we claim that the antivivisectionists, to be consistent, should rise collectively against the wholesale destruction of life whether in frogs, flies, or microbes.—*The Weekly Medical Review.*

**THE London correspondent of the New York Times, who has just returned after visiting Marseilles and Toulon, has painted the sanitary state of these ports in colors far darker than those of M. Clémenceau.** This sanitary neglect seems all the more unpardonable now that it has come out that there was a case of undoubted cholera in Marseilles last year, the existence of which was hushed up by the Mayor.—*Medical Times and Gazette.*

LAWSON TAIT recommends the radical cure of all kinds of hernia by abdominal section. After reducing the hernia, he pares the edge of the hernial opening and sews it up, thus producing a radical cure. He thinks the future of the operation is certain. The cases he operates on are those having ovarian disease, but he thinks that the same procedure is fitting for uncomplicated cases of hernia.—*Med. Rev.*

**SCARLET FEVER IN CHILDBED.**—Dr. Theophilus Parvin, of Philadelphia, in the July number of the American Journal of the Medical Sciences, records a case of scarlatina occurring in a woman soon after labor. He believes that the puerperal state increases the susceptibility to the germs of this disease.

**EPIDEMIC IN FRANCE.**—A dispatch from Moussey, in the Department of the Vosges, states that an epidemic, supposed to be purple typhus, is raging there. Ten persons have succumbed and thirty others are said to have been attacked.

**THE PLAGUE.**—Dr. Batorsky, a surgeon attached to the Department for Foreign Affairs, has left St. Petersburg for Bagdad, in order to join a medical board deputed to investigate the outbreak of plague in that district.—*Medical Times, August 2d.*

DURING the late epidemic of cholera at Cairo it was treated successfully by giving corrosive sublimate in doses of from one twelfth to one eighth of a grain, frequently repeated, until the symptoms subsided, then gradually leaving off the remedy.

DR. T. GAILLARD THOMAS divides the American women into two classes; one class comprising those who desire above all things to become pregnant, and the other those who are anxious above all not to bear children.

**THE WOMAN QUESTION ON THE CONTINENT.**—The authorities of the University of Heidelberg have recently refused a bequest of 100,000 marks because of a condition accompanying it that ladies be admitted to study in the University.

**REMOVAL OF WARTS.**—Dr. Et. Cuénot reports that he has removed a large crop of warts occurring on the hands of a patient by giving daily a ten-grain dose of calcined magnesia in the morning before breakfast.

**A GENIUS TO FAIL.**—Speaking of the causes of the failure in life, Tourgee says: “ Trying to carry too big a load. I don’t know about a professional man’s failing if he works, keeps sober, and sleeps at home. Lawyers, ministers, and doctors live on the sins of the people, and, of course, grow fat under reasonable exertion, unless competition is too great. It requires real genius to fail in either of these walks of life.”—*Med. Record.*

MR. SAMPSON GAMGEE gives the following advice to surgical operators and dressers: “ Cultivate light touching as an art; probe without thrusting, cut without bruising, separate without tearing, manipulate without mauling.”—*Canadian Practitioner.*

**SCENE:** An Irish cabin. Pat is ill. Doctor has just called. “ Well, Pat, have you taken the box of pills I sent you? ” “ Yes, sir, be jabbers I have, but I don’t feel any better yet; maybe the lid hasn’t come off yet.”—*American Druggist.*

A CANDIDATE for practice applying before an examining board in Texas was asked “ Of how many bones the human skull was composed? ” He replied: “ Five; namely, frontal, orbital, unctional, and two collateral.”—*Texas Courier-Record.*

**CHOLERA.**—In spite of the favorable outlook of a few weeks ago, it is clear that cholera has entered Europe to stay the season out. The disease still lingers in France, though much abated, but in Italy its ravages are terrible. In Naples alone the new cases in one day have reached 800 and the deaths 300. The filthy condition of many Italian towns, with the degraded state of the lower classes of people who live in total ignorance of all sanitary measures, make this land a fruitful field for pestilential growth, and it is probable that the disease will this year reap a harvest of death exceeding that of any former visitation. The authorities are powerless, the sick are neglected, the dead lie unburied, and misery is spread on every hand.

A liniment made of equal parts of oil of wintergreen and olive oil or soap liniment is said to afford almost immediate relief from pain in acute rheumatism.

PUCK says that the young lady from Vassar does not speak of a clammy sweat, but of a bivalvular transpiration.

## The Louisville Medical News.

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H. A. COTTELL, M. D., - - - - - Editor.

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### CHOLERA AND THE COMMA-BACILLUS.

At a conference held in Berlin during the last week in July, Dr. Robert Koch delivered an elaborate address upon the subject of cholera and the nature and habits of its specific microbe, the comma-bacillus. The address came fully up to the expectations of the eminent scholars who composed the conference, and, in the opinion of Prof. Virchow and others, the researches which it unfolds mark one of the most important advances in our knowledge of cholera. The British Medical Journal of August 30th publishes a translation in full text of the first part of the address. From this source we draw the facts which follow.

The cholera bacilli are from about one half to two thirds as long as the tubercle bacilli, but much more bulky, thicker, and slightly curved. Hence the name *comma-bacillus* (though a very short and slightly bent parenthesis mark would seem to better represent their form), occasionally the curve is sharper, being a semicircle, and sometimes by a union of two microbes, end to end, with their curves in opposite directions the form of the letter S is assumed. The comma bacilli frequently grow in long spirals or wavy threads, in which state they so closely resemble the spirochetae of re-

lapsing fever, that the author is inclined to regard the simple curved microbe as a transition form between the bacillus and spirillum. Or, "perhaps, indeed, we have here to deal with a genuine spirillum of which we have a fragment before us."

The comma-bacilli may be cultivated in meat broth, milk, blood-serum, food-gelatine, Ceylon moss (*agar agar*—to which meat-broth and peptone are added), and on boiled potatoes.

In the first named medium they proliferate by the multitude, and in a small drop of this fluid upon the object-glass may be seen, under a high power, to move in a very lively and characteristic manner. They grow also abundantly in milk, but do not curdle it as do many other bacteria. Gelatine presents a good soil for their reproduction, facilitating and securing their discovery, for when cultivated in this medium the colonies of comma-bacilli assume "a most characteristic and definite form," such as in the author's experience is presented by no other kind of bacteria. For while other bacteria colonies generally show an unbroken circular area, the very pale and tiny drop in which the young colony of comma-bacilli grows is irregularly bordered, and in parts rough and jagged in shape. It has also at a very early stage, a granulated appearance. As the colony develops, the granulation becomes more marked until at last it presents a cluster of strongly refracting granules, looking like a "little heap of pieces of glass." This growth is also attended by a liquefaction of the gelatine immediately around the bacilli, a funnel-shaped cavity being formed in the gelatine, in the midst of which the colony may be seen as a whitish point. This is also quite peculiar, a similar appearance being noted in the culture in gelatine of but few other bacteria, but in none is it so marked as in the case of the comma-bacilli. The diameter of the liquefied area, moreover, is usually limited to a millimeter and is surmounted by a bubble, while other bacteria under similar culture often extend their

domains to the measure of a centimeter or more.

On potatoes the comma-bacillus cultures are strikingly like those of glanders in naked-eye appearances, differing only by a slight variation in color.

Comma-bacilli flourish best at a temperature ranging between  $30^{\circ}$  and  $40^{\circ}$  C., but may grow well though slowly at  $17^{\circ}$  C. Freezing does not kill them, and in one experiment they were found to reproduce themselves after being exposed for an hour to a temperature of  $10^{\circ}$  below the centigrade zero. They immediately cease to grow when deprived of air, and are therefore to be classed with the aerobic bacteria.

The withdrawal of oxygen does not kill them, nor does treatment with carbonic-acid gas, since it was observed that on restoring to them the former or removing the latter they immediately resumed growth.

Comma-bacilli grow with great rapidity, their vegetation soon reaching a maximum, at which it remains stationary for a short time, and then speedily diminishes. Under moisture as in damp linen or earth, they proliferate to an extraordinary degree in twenty-four hours, and stifling any common bacteria which may be present, soon present the observer with a field in which the comma-bacillus is almost the only microbe to be seen. This peculiarity renders their isolation very easy.

After two or three days the comma-bacilli die off and the other bacteria then increase. "The conditions become the same as in the intestine. There also rapid multiplication takes place; but when the real vegetation period, which lasts only for a short time, is over, and especially when exudations of blood into the intestine take place, the comma-bacilli disappear, and the other bacteria, especially those of putrefaction, begin to develop in their room." From this circumstance the author is inclined to believe that the development of the comma-bacilli might be prevented if they were at the first brought into a putrefied liquid containing much of the products

of the vital changes of other bacteria, "and especially of putrefaction bacteria."

"This point is important, because it is not a matter of indifference whether the comma-bacilli, if they come into a sink, find a good or a very bad soil for reproduction. In the first case they would multiply, and would have to be destroyed by methods of disinfection; but in the latter case they would die off, and there would be no necessity for disinfecting."

[TO BE CONTINUED.]

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In preparing the "Library of Standard Medical Authors" for 1884, the publishers have shown in a greater degree than ever their thorough understanding of the wants of the practical physician. The books already noticed are of unusual worth and the present volume is but another testimonial to the excellency of the series. The book has been for more than fifty years before the profession, and under its latest revision, is, while losing nothing of its original worth, brought fully up to the scientific requirements of the day. It is by no means a mere compilation of the opinions and teachings of recognized authorities, but an original, systematic treatise upon the practice of medicine, in which the pathology of each affection is considered in all its relations to the anatomy and physiology of the organs involved, while the points of diagnosis, the clinical history of disease, its hygiene and therapeutics are developed after the manner of a master.

The present volume is divided into two parts. It contains 338 pages and sixteen chapters. The titles of the chapters are as follows: Under the head of General Pathology and Therapeutics are considered Health and Disease, Causes of Death, Physiology and General Pathology, Symp-

toms and Signs of Disease, Hygiene, General Therapeutics. Under the second head, Practice of Medicine, may be found States of the System, Local Diseases, Fevers (four chapters) and General Diseases (non febrile).

The work is freely illustrated by means of wood-cuts, and tables giving the comparative results of the clinical study of numerous cases of the same disease, with statistics of special significance, occur here and there throughout the work. Subscribers to the Library for 1884 will find in the complete work an original, comprehensive and useful treatise upon practical medicine.

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## Correspondence.

### STATE SANITARY COUNCIL.

You are cordially invited to attend and take part in the proceedings of the fourth semi-annual meeting of the Sanitary Council of Kentucky, which will be held at Elizabethtown, Wednesday and Thursday, October 1<sup>st</sup> and 2<sup>d</sup>, 1884, under the auspices of the State Board of Health.

The Council is a voluntary philanthropic organization, and its object is to bring together representative men of the State, of every profession, who are interested in the great and growing questions of sanitary reform, for a comparison of views and the discussion of methods relating to the prevention of sickness.

At each session there will be addresses or papers, in a popular form, on subjects of general interest in connection with the public health, each address or paper to be followed by a discussion.

*Officers of the Council*—President, George Baber, Esq., Louisville; Vice-Presidents, Dr. Alex. Crawford, Bardstown, Prof. W. J. McConathy, Louisville, Prof. L. Eddy, Danville, Dr. Hugh D. Rodman, New Haven; Permanent Secretary, Dr. J. N. McCormack, Bowling Green.

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*Committee from the State Board of Health.* Dr. Pinckney Thompson, Henderson, Dr. R. W. Dunlap, Danville.

*Addresses and Subjects to be Presented and Discussed*—Among the subjects which it is expected will be presented and discussed are the following :

The Prevention of Contagious and Infectious Diseases.

Special Precautions to be Used Against Cholera.

The Sanitary Problems of Elizabethtown. Adulterations of Foods and Medicines.

The Relations of the School to Sanitary Work.

The Relations of the Medical Profession to Sanitary Work.

The Physical Dangers of Alcoholic Beverages.

Personal and Domestic Hygiene.

The Preservation of the Eye-sight.

Ventilation.

Sewerage.

The Disposal of the Dead.

It is expected that the papers presented will be original contributions on these or other practical health topics, and that when read they will become the property of the Council.

You are invited to prepare and present a paper on any of the above, or some other sanitary subject, and if you will do so you are requested to notify the Secretary as early as possible, that you may be given a proper place on the programme, which will be issued before the time of the meeting.

There will be sessions the first day at 2:30 and 7:30 P. M., and on the second day at 9:30

A. M., 2:30 P. M., and 7:30 P. M.

Reduced rates of travel will be secured on all the lines of railroad.

Admission to all the sessions of the Council will be free, and all persons who desire to live long and keep well, or to assist others in doing so, are cordially invited to attend.

For any further information apply to the Committee of Arrangements, or address

J. N. McCORMACK, M. D., *Secretary,  
Bowling Green, Ky.*

### Selections.

**ABUSE OF MEDICINES.**—Dr. R. H. Gunning tells us, in the Edinburgh Medical Journal, June, 1884, that he believes strongly in the proper use of medicines, as anodynes, emetics, purgatives, diaphoretics, diuretics, etc., but he is also sure of much abuse of them. In 1834, while attending a provincial infirmary, he was struck with the recovery of patients given up to die. The medicines, especially mercury, iodine, and iodides, would be suspended, and the nurse have orders to treat the patient kindly

before dying. Immediately recovery would occur! This impressed him, and ever since in practice he has studied whether medicines were doing good or harm. He always held, and still holds, that homeopathy is chiefly the non abuse of medicines. In the time of Dr. Black, and Professor Henderson, of Edinburgh, when this question was once publicly discussed, he challenged its advocates to try one hundred cases without medicine and one hundred cases treated *secundum artem* against one hundred treated homeopathically. He affirmed that, in the first case, the result would be as good as in their one hundred cases, and that in the second mode there would be more success. The challenge was not taken up.

In Brazil his success was in cases treated by others. He merely suspended medicines and put the patient upon hygiene, science, and common sense, correcting ignorance, neglect, and bad habits as to food, air, exercise, baths, etc. His success in chronic cases was great, and people declared that he must have used medicines, and very strong ones, too, for he could not have made such cures otherwise! Some selected cases further on will be examples of this abuse of medicine, of diet, and of the horizontal position.

Emetics, purgatives, anodynes, etc., relieve symptoms but do not go to the root of the matter—error in diet, dress, habits, ventilation, etc. As symptoms recur they have to be repeated. This was the English system of “dose and cure” of the glutton or beer-swigger, only to “dose and cure him” again. The pills, potions, and powders were the general practitioner’s chief income more than from *honorariums*. But homeopathy with its metaphysics and paradoxical wonders, and hydropathy with its hygiene and appropriated science have done much to correct this abuse of drugs.

Mercury is a good medicine in its place and in careful quantity, as is iodide of potassium. They will destroy abnormal exudations or organization and the germs of syphilitic taint, but carried beyond this object they will debilitate and destroy the body itself. Quinine is a good tonic and specific, but in large doses it is most pernicious. And why in big doses if small ones will serve? What deafness and loss of sight has it not caused? He has known a child made deaf and dumb with one large dose. He has seen delicate patients take fifty grains in a day and succumb,

whose stamina was not equal to ten grains. Small, repeated doses can do all, he believes, that large doses do, without doing the mischief.

At first when yellow fever appeared in Rio the deaths were few when an emetic or castor oil were given early and the case was left to careful nursing. Since then, and now, a large part of the mortality is from so-called scientific, or guessing, and heroic treatment.

So with chloral and chloroform—both good agents when carefully used. He knows little of chloral in practice, but he has studied chloroform, and he believes few accidents would occur if it were well understood. When Sir J. Simpson introduced it into practice he made many experiments on dogs and rabbits, and was convinced that it acts directly on the capillary circulation in the lungs, and that death occurs after the manner of drowning when taken too long or too much. If this is so, then it is all-important not to continue its operation too long. A person under water so many minutes may recover, but when so many minutes more it is fatal. The assistant who gives chloroform should understand this and be most watchful. He should note the quantity used and the time, and it should only be given *on the operating table*, and when all is ready for operating. Thus the time is shortened all possible—the great point. It should not be applied and withdrawn at first, but allowed to have its effect at once. Inattention to this wastes much chloroform, lets the air disengorge the circulation in the lungs, reawakening the patient, and saturates too much the body. A good, simple plan is the piece of surgeon's lint laid over the nostrils and mouth and wetted sometimes if needed. If overdone, fresh air and artificial breathing are indicated, the start for action being in the lungs not in the heart. He could easily restore dogs apparently dead by tracheotomy.

He concludes by mentioning some cases which will show the influence of these four circumstances, namely, diet, position, hot water, and suppression of drugs:

1. A young slave woman had a chronic ulcer on the shin of seven years' standing. Various doctors had been consulted. Iodide of potassium and calomel were used in succession till most of her teeth were lost, in the belief that she had a syphilitic taint. Caustics and ointments were used externally. The ulcer looked hardened and

desperate, and he concluded that, besides the irritating effect of the said medicines externally and internally, the limb had not had due rest. He simply suspended the medicines, ordered a linseed poultice to keep soft the ulcer, and had her strictly confined to bed. In six weeks, more or less, her health was better and the ulcer was cicatrized. Here the health was improved, no doubt, from suppression of medicines, but the cure of the ulcer was mainly due to diminished congestion. In short, she had been previously treated without the attention to position, etc.

2. Next, a gentleman consulted him about a large ulcer on the anterior part of the thigh of thirteen years' standing. The whole limb was swollen and anasarca. He had been the round of the doctors within a large circle. He thought the ulcer had been treated without due attention to position, and declared he would not treat him without a solemn promise that he would keep absolutely in bed. He started him with a dose of compound powder of jalap to assist the riddance of the anasarca, and to convince him that he was using medicine, for medicine they must have. And without more than a linseed poultice, diminished diet, and horizontal position he was well in a couple of months or so. He saw him ten years afterward quite well.

3. A gentleman patient suffered from an obstinate stricture of the urethra of some years' standing. He would not allow cutting of any kind, and the surgeons in the city who had attended him were unable to pass any sound. The urine was passed by several openings under and about the scrotum, which was ulcerated and nearly the size of a man's head. He was ever up and on his feet, washing and passing urine, and he saw a good chance of bettering his state by removing all this source of congestion and exudation. He ordered him several times a day a very hot hip-bath to soothe the parts (for nothing soothes like hot water), and then had him put to bed with strict injunctions not to rise except for real necessity. He made him cross his legs not to let the large tumor depend, and dressed the raw surface with simple ointment. He also lowered his diet to facilitate absorption of the exuded matter, and allowed him to drink much rice-water to produce mild urine, as salted, strong urine irritates the rawness of the urethra and fistulous openings. In a week or so the swelling was down as by a charm,

the fever gone, and the parts again almost natural. He found he could get his smallest sound into the stricture. In the course of a day or two more he got a very small, bulb-pointed one through. By-and-by he passed other sizes up to the largest, when the fistulous openings closed and a complete cure was effected. This was done by keeping him merely horizontal and the tumor elevated not dependent. The soothing hip-bath, the reduced diet, and the diluted urine all helped, but the main thing was position, neglected by others more dexterous in manipulation than himself, but less cunning about the importance of position, hot water, and lowered diet.

This same gentleman returned in a similar condition after more than ten years, declaring that the surgeons of his city could not pass the sound to dilate, and that he could not submit to any incision. He was treated as before; he returned home, in two months or so, again cured.

He gives another case: A vicar, looked upon as a saint far and near, had a pimple on the upper part of his penis behind the gland. His brother-in-law, licensed in Italy, and another, a graduate of Paris, treated him. Caustic was applied, but only inflamed the part more. Then they assumed that it had a syphilitic taint, and gave him mercury till the gums and all his bones were sore. The caustic was continued, and resulted in a subcutaneous fistula. Into this yellow wash was injected and sloughs came away. The more sloughing the more injections, till the fistula reached under the pubic arch. The member got immensely enlarged, and also the glands of the groins. Then it was called cancer, and no hope of a cure could be given by them. The poor vicar made his will, and took the last sacrament of the church. Considered a very saint in the province, the lamentation was great at the prospect of losing him. An English doctor from a distance was called in. Going to dine with a large landed proprietor, and meeting his English colleague, he asked to see the patient. He said he could only think of amputation, but that he did not mean to operate on the vicar. When at dinner a note came to him from a devoted friend of the holy priest, wishing him to see him and not let him die. He said he could not go so far, having duties at home. His host said he must go, as the vicar was his cousin. Horses were got ready, and they galloped over the Campo twenty miles by moonlight in cold weather.

When he saw the sick man he thought him poisoned with mercury and iodide of potassium, internally and externally by yellow wash. He did away with all, had warm flannels got, and a soft mattress to keep him warm instead of his hard bed and charcoal fire filling the room with carbonic acid. He gave him a very warm bath with his own hands. With this comfort and that of warm clothes and a soft bed and the suppression of irritating drugs, he slept for the first time for long. He injected warm water instead of yellow wash. The sloughing ceased and the fistula closed and the swelling every where diminished. In less than two months he was saying mass in the parish church, and the cure was regarded as a miracle.

A large part of this cure was the suppression of irritating, poisoning drugs; but the hot water and strict lying position were all great factors in the result.

These are illustrations of what position, the non-use of drugs, and the use of warm water and diet do in medical cases. He gives a recent case, if not of the abuse of medicine, at least of its non-usefulness.

All know how the greatest statesman of the age (Bismarck) has suffered from gastritis and torturing gastrodynia. The routine of mere scientific prescriptions could do nothing for him. At length, in the hands of Dr. Schweninger, of Munich, he has been fortunate. This gentleman has discerned the case better and enforced a strict diet and general change of regimen, and the great chancellor is again well and at work.

In conclusion, more attention should be given to hygiene and less trust put in drugs.—*Medical and Surgical Reporter.*

**POST-PARTUM CONVULSIONS.**—I was called in the night to see a lady twelve miles away, and was informed by the messenger that she had "fits," but I could learn nothing of the nature of the "fits," although the messenger was an intelligent clergyman. But when I arrived upon the scene my patient had been delivered of a healthy and well-formed male child six hours before my arrival, and that the placenta was easily delivered twenty-five minutes after the child. The midwife said she had complained of severe headache, but had flooded profusely, and the headache had nearly left her, when she gave a "fearful hiss" and went into a fit. That these fits had recurred with great regularity once in every thirty minutes, and

there had been no return to full consciousness. By this time it was storming fearfully, was very dark, and I found to my dismay that I was like the Dutch sailor who had left his anchor at home; for, a mystery to me, my medicine-chest was not in the carriage, and I had only a small pocket-case to fly to in my distress. No chloroform, no bromide of potassium, no chloral, no morphine! The woman was already depleted. I looked through my little pocket-case and found I had about two grains of opium. Just then she had a fearful convulsion, and I thought, "What a weapon to meet death with in single-handed combat!" But I remembered that Churchill just hinted at the use of tartarate of antimony. And a hint was enough in that storm. Of course I gave those two poor little grains of opium and made a solution of sixteen grains of the antimony in one ounce of water. Of this I gave one teaspoonful every half hour. When she had taken four teaspoonfuls the interval lengthened a little and the convulsions were not so severe, and her consciousness returned a little. When she had taken in all fourteen grains of the antimony she broke out in a profuse perspiration, had a copious discharge from the bowels, and the convulsions ceased. She made a rapid recovery.

The strange part of this is, she did not vomit at all.

Of course I applied cold to the head and plastered her extremities with mustard, and removed all clots from the vagina.

I have had two similar cases since, when I was well supplied with drugs. One of them died, and I have queried whether that one might not have lived if my medicine-chest had been left at home.—*Dr. R. C. Ambler, in the Weekly Medical Review.*

**BRIGHT'S DISEASE OF MALARIAL ORIGIN.** Dr. I. E. Atkinson, of the University of Maryland, believing that this subject has not attracted the attention it deserves, has been led to study with reference to it all cases of malarial fever coming under his observation during the late summer and early fall of the past two years at Bayview Asylum, and the result he gives in an able and elaborate paper, which appears in the July number of the American Journal of the Medical Sciences. The conclusions which he reaches are as follows:

1. Transitory albuminuria is not uncommon in the course of malarial fevers, and is due to the intense visceral congestion char-

acteristic of these affections. It only may endure throughout the height of the congestion, recurring with each return of this, or it may persist in the intervals, in which event a higher grade of congestion is attained, more nearly approaching a condition of acute inflammation.

2. In a proportion of cases, varying with locality and type of prevailing epidemic, or individual conditions, inflammation of the kidney occurs, accompanied by dropsy and the usual symptoms of nephritis.

3. The usual form of malarial nephritis is the tubal and diffuse variety. In this the inflammation seems to be the most intense in the vicinity of the glomeruli.

4. Contracted kidney may occur as an advanced stage of malarial nephritis either from long continued or frequently repeated attacks of malarial fever, or from fibrotic changes, such as may ultimately occur in ordinary tubal or diffuse nephritis. It is altogether improbable that this form of malarial renal disease ever occurs primarily as purely intestinal nephritis.

5. These changes may be induced by any form of malarial fever, though they more commonly follow chronic intermittent fever.

6. The tendency of malarial inflammation of the kidney is toward recovery. But from the persistence of the impaludism or the intensity of the inflammation, structural changes may be produced that are characteristic of chronic Bright's disease, when the gravity of the affection will be as that from chronic Bright's disease from whatever cause.

7. Treatment should be directed primarily against the malarial intoxication, more especially in recent cases. A correction of this will often be followed by a complete, though often gradual, subsidence of the nephritis. Even in more chronic cases the malarial factor in the process should definitely be destroyed if possible, after which the disease should be treated as ordinary Bright's disease.

**"PASTEURIZATION" AGAINST HYDROPHOBIA.**—Recent reports from Paris show that M. Pasteur has undoubtedly scored another success in his scientific work. The Commission, consisting of MM. Beclard, Paul Bert, Buclez, Tisserand, Villemain, Vulpian, and Bouley, appointed to investigate M. Pasteur's claims for the discovery of a protective vaccine against rabies, has made its report. The members have gone over Pasteur's experiments, and found that without question he has been able to protect dogs

against all inoculations with hydrophobic virus. A new truth is born to science, therefore, viz: One attack of hydrophobia, or of modified hydrophobia, protects against another. For this alone Pasteur deserves the greatest credit. But the question next arises, Will the discovery be of any value? This depends mainly upon the question whether inoculation with the vaccine after a person is bitten will furnish an efficient protection. It is reported that Pasteur has tried this already in one case and with success. But the commission refrain as yet from expressing a decided opinion. They will "continue their labors." Meanwhile, M. Pasteur has suggested a plan of protecting the human race against rabies in case that the vaccine fails to work after a person is bitten.

This plan consists in nothing else than the compulsory "Pasteurization" or protective inoculation of all the dogs in the country, just as infants are compulsorily vaccinated. The project is a very comprehensive one, but by no means easy to carry out, in view of the large number of dogs and the rapidity with which they multiply. Besides, society must adjust its protective labors to sufficient ends. Hydrophobia is a fearful disease, but a rare one.

Perhaps one dog in a million gets it. In the whole of the United States there occurred in 1860 only thirty-eight deaths from hydrophobia; in 1870 only sixty-three cases. In New York city the number of deaths from rabies between the years 1855 and 1874 was fifty-seven, the annual number ranging from nothing to four. In England the annual mortality has of late years ranged from twenty to fifty. In France hydrophobia kills about two hundred persons a year.

But, while the disease is a small element in mortality generally, it sometimes appears to become almost epidemic in activity. It is in such cases and under such circumstances that "Pasteurization" might perhaps wisely be enforced.—*Med. Record.*

**AMYL NITRITE.**—In the second number of the Asclepiad Dr. Richardson gives a formula for the administration of amyl nitrite by the mouth: Amyl nitrite, pure, min. xxxvi; ethylic alcohol (sp. gr. 830), dr. vi; pure glycerine to one and a half ounces. To make a mixture of twelve doses. One fluid dram to be taken in a wineglassful of warm water. In asthma this method is specially recommended.—*The Weekly Medical Review.*

#### ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes in the Stations and Duties of Officers serving in the Medical Department, United States Army, from August 23, 1884, to August 30, 1884.

*Head, Jno. F.*, Colonel and Surgeon, granted leave of absence for four months. (S. O. 201. A. G. O., Aug. 27, 1884.) *Woodhull, A. A.*, Major and Surgeon, detailed as member of Medical Examining Board at U. S. Military Academy, West Point, N. Y., vice Capt. R. H. White, relieved. Upon adjournment of the Board to return to his proper station. (S. O. 201. C. S. A. G. O.) *Lippincott, Henry*, promoted Major and Surgeon to rank from August 17, 1884, vice Woodward, deceased. *Bartolf, J. H.*, Captain and Assistant Surgeon, relieved from duty in Department of the Columbia, and to report in person to Commanding General Department of Texas for assignment to duty. (S. O. 199. A. G. O., Aug. 25, 1884.) *Finley, J. A.*, Captain and Assistant Surgeon; the leave of absence granted him in S. O. 91, C. S. Department of Texas, extended two months. (S. O. 198. A. G. O., Aug. 23, 1884.) *Taylor, M. E.*, Captain and Assistant Surgeon, granted leave of absence for four months, to take effect on arrival of a medical officer at David's Island, N. Y., to replace him. (S. O. 200. A. G. O., Aug. 26, 1884.) *Gibson, R. J.*, First Lieutenant and Assistant Surgeon, relieved from duty in Department of the Missouri and to Department of California for duty. (S. O. 202. A. G. O., Aug. 28, 1884.) *Dietz, Wm. D.*, First Lieutenant and Assistant Surgeon, relieved from duty at the Military Academy, West Point, N. Y., and ordered to the Department of the Missouri for duty. (S. O. 202. A. G. O., Aug. 28, 1884.) *McCaw, Walter D.*, appointed Assistant Surgeon with rank of First Lieutenant, to date from Aug. 20, 1884.

OFFICIAL LIST of Changes in the Stations and Duties of Officers serving in the Medical Department, United States Army, from August 31, 1884, to September 6, 1884.

*Byrne, Charles C.*, Major and Surgeon, relieved from duty in the Department of California, and to report in person to the Commanding General Department of the Platte, for assignment to duty. (S. O. 207. A. G. O., Sept. 3, 1884.) *Trotter, F. L.*, Major and Surgeon, relieved from duty in the Department of the Columbia, and to report in person to Commanding General Department of Texas for assignment to duty. (S. O. 207. C. S. A. G. O.) Granted leave of absence for twenty-five days. (S. O. 127, Department of the Columbia, Aug. 25, 1884.) *Harrison, Valery*, Captain and Assistant Surgeon, relieved from duty in the Department of Texas, and to report in person to the Commanding General Department of the East for assignment to duty. (S. O. 207. C. S. A. G. O.) *Hall, Wm. R.*, Captain and Assistant Surgeon, relieved from duty in Department of Texas, and to report in person on October 1, 1884, to the Superintendent General Recruiting Service in New York City, for duty at David's Island, N. Y., relieving Assistant Surgeon M. E. Taylor from duty at that station. (S. O. 207. C. S. A. G. O.) *Hopkins, Wm. E.*, First Lieutenant and Assistant Surgeon. The leave of absence granted him in S. O. 67, Aug. 7, 1884, Dept. of Arizona, is extended one month. (S. O. 204. A. G. O., Aug. 30, 1884.)